

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/534547** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	1					
4	3	-				
5	3	-				
6	3	-				
7	1					
8	1					
9	1					
10	3	-				
11	3	-				
12	3	-				
13	1					
14	1					
15	1					
16	3	-				
17	3	-				
18	1					
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49						
50						
TOTAL IND.	6		↓		↓	↓
TOTAL DEP.	27	←	←	←	←	←
TOTAL CLAIMS	33					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						